



7/17/05

In re Application of:
Kenji MATSUDA, et al.

Docket No. 00684.003541

Application No.: 10/670,235

Examiner: Hoan Tran

Filed: September 26, 2003

Group Art Unit: 2852

For: PROCESS CARTRIDGE AND
IMAGE FORMING APPARATUS

Date: May 20, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Submission of Corrected Formal Drawings and Submission of Executed Combined Declaration and Power of Attorney, corrected formal drawings of Figs. 1, 2, 4, 6, 8(a), 8(b), 10 and 11, an executed Declaration and an executed Assignment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= 0	x \$25 \$50	\$ 0.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$100 \$200	\$ 0.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

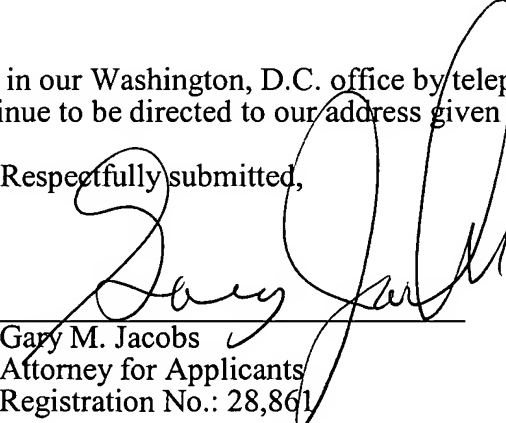
05/23/2005 SZEWDIE1 00000089 10670235

01 FC:1051

130.00 OP

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ Checks in the amount of \$ 130.00 late filing fee for Declaration and \$40.00 assignment recordation fee are enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Gary M. Jacobs
Attorney for Applicants
Registration No.: 28,861

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200
GMJ:ayr

DC_MAIN 203283v1